



Express MAIL LABEL NO ER 84205384 US
Dated +mailed December 19, 2005.

Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:

BOWE et al.

Application No.

10/657,433

Filed:

September 8, 2003

Title:

FEED TABLE PIVOT PIN CONSTRAINING DEVICE

Attorney Docket No.

308,984

Art Unit

3672

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Jeffrey A. Schwab Reg. No. 24,490, Thomas E. Spath Reg. 25,928, Jay S. Cinamon Reg. No. 24,156, Joseph J. Catanzaro Reg. No. 25,837, Anthony Coppola Reg. No. 41,493, Anthony J. Natoli Reg. No. 36,223, J. David Dainow Reg. No. 22,959, Steven M. Hertzberg Reg. No. 41,834, David T. Toren Reg. No. 19,468, Alexander Zinchuk, Reg. No. 30,541	
Abelman, Frayne & Schwab 666 Third Avenue, New York, New York 10017-5621 Tel: (212) 949-9022/Fax: (212) 949-9190	

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Signature	<i>Joseph D. Kuborn</i>	Date	12/14/05
Name	Joseph D. Kuborn, Andrus, Scales, Starko & Sawall, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202-1100	Registration No., if applicable	40,689
Telephone	Tel: (414) 271-7590/Fax: (414) 271-5770		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

DEC 19 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 320.00

Complete if Known

Application Number	
Filing Date	December 19, 2005
First Named Inventor	James M. BOWE
Examiner Name	GAY, Jennifer H.
Art Unit	3672
Attorney Docket No.	308,984

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 01-0035 Deposit Account Name: Abelman, Frayne & Schwab

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims 23**	Extra Claims	Fee (\$)
27	4	50.00
HP = highest number of total claims paid for, if greater than 20.		Fee Paid (\$)
		200.00
Indep. Claims	Extra Claims	Fee (\$)
3	0	
HP = highest number of independent claims paid for, if greater than 3.		Fee Paid (\$)
		0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
27	23	1	250.00	0.00

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	120
Other (e.g., late filing surcharge): Petition for Extension of Time 1mo.	120.00

SUBMITTED BY

Signature	Registration No. 25,837	Telephone 212-949-9022
Name (Print/Type) Joseph J. CATANZARO	(Attorney/Agent)	Date December 19, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.